



WENATCHEE PARKS & RECREATION DEPARTMENT

2010 Summer Day Camp Registration

For ages 5 (completed kindergarten) through 12 (entering 6th grade)

NAME: _____ DATE OF BIRTH: _____
AGE: _____ SCHOOL: _____ GRADE: _____ SEX: M F
ADDRESS: _____ CITY: _____ ZIP: _____
PARENT/GUARDIAN: _____ EMAIL: _____
HOME/CELL PHONE: _____ WORKPHONE: _____
FAMILY DOCTOR: _____ PHONE: _____
EMERGENCY CONTACT PERSON: _____ PHONE: _____

Please list family, friends, etc. cleared to pick up your child:

1) _____ Phone: _____
2) _____ Phone: _____
3) _____ Phone: _____

Location—Day Camp will be at the Head Start building at the Wenatchee Community Center, 516 S. Chelan.

Time—Camp will run from 7:30-5:30, Monday - Friday. Early drop-offs or late pick-ups will result in extra charges.

Cost— \$88 per week/ \$20 per day/ \$13 half day. If you have multiple children enrolled you will receive an \$11 discount per week for each child in addition to the first. (If you live within the city limits of Wenatchee, you can receive a resident discount. Resident discounted prices are \$80/week, \$18/day, and \$12/half day. Multiple child discount for city residents is \$10.)

Payment— Cash or check is accepted at the Parks & Recreation Office, 1350 McKittrick Street.

All days must be paid 2 weeks (14 days) in advance to be secured.

If you have not paid by 14 days in advance, your child's spot will be given to a child on our waiting list.

Weeks wanted — Please mark AM or PM for half days and F for full days in the box provided for weeks wanted. Staff will fill in the receipt number

WEEK	M	T	W	TH	F	Receipt #
June 21-25						
Jun 28-Jul 2						
July 5-9						
July 12-16						
July 19-23						

WEEK	M	T	W	TH	F	Receipt #
July 26-30						
Aug 2-6						
Aug 9-13						
Aug 16-20						
Aug 23-27						

I/We, the parents/guardian of the above named applicant for participation in the City of Wenatchee Parks and Recreation Department Registered Day Camp, hereby give my/our consent to his/her being given an emergency physical exam or emergency treatment by a physician or hospital in the case of emergency and to his/her participation including transportation to and from the activity; and we/I do hereby waive, release, absolve, indemnify and agree to hold harmless the City of Wenatchee, the organizers, sponsors, supervisors and participants. I/we further authorize the above named for pictures and video which may be used in program publicity.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____